

SOUTH DAKOTA BOARD OF COUNSELOR EXAMINERS
PLAN OF SUPERVISION FOR LICENSED MARRIAGE AND FAMILY THERAPIST

Reference ARSD 20:71:05

<http://www.sd.state.us/state/legis/lrc/rules/rulelist.htm>

NOTE: The training supervisee (applicant) must provide the name and qualifications of the proposed training supervisor (licensed marriage and family therapist) for Board approval PRIOR TO THE START OF SUPERVISION

The PLAN OF SUPERVISION must be completed within three years and must contain a procedure for two hundred hours of supervision concurrent with 1,700 hours of marriage and family therapy conducted in face-to-face contact with individuals, couples and families. The supervisor must be licensed as a marriage and family therapist for at least three years prior to supervision.

Whenever the training supervisor changes, the supervisee must provide a new Plan of Supervision within 30 days for Board approval.

Please complete by typing.

Date: _____

Applicant Name: _____ Social Security No. _____

Address: _____

Phone No. _____

Supervisor Name: _____ Social Security No. _____

Place of Employment: _____ Phone No. _____

Address: _____

LMFT License No. _____ State of: _____

License Issue Date: _____

We have read ARSD 20:71:05 and agree to the Rules of Supervision.

Supervisee (applicant) Signature

Supervisor (licensed M & F therapist) Signature

For office use:

Date to Board: _____ Approved: _____ Yes _____ No _____ Comments: _____

Please return completed form to: SD Board of Counselor Examiners, PO Box 1822, Sioux Falls, SD 57101-1822

***SOUTH DAKOTA BOARD OF COUNSELOR EXAMINERS APPLICATION FOR
LICENSED MARRIAGE AND FAMILY THERAPIST (ARSD 20:71)***

NOTE: Applicant must have a 48-hour Master's Degree in Marriage and Family Therapy, 1700 hours post-graduate supervised experience, and be a resident of South Dakota to be eligible for LMFT.

Applications must be accompanied by a non-refundable license application fee of \$100. A personal check or money order should be made payable to the South Dakota Board of Counselor Examiners. **A photo** (no larger than 3 x 5) **must be submitted** for identification purposes. *I hereby make application for licensure to practice as a Licensed Marriage and Family Therapist in the State of South Dakota.* (Please type the following.)

SECTION I. GENERAL INFORMATION

1. Name _____
Last First MI
2. Name as you wish it to appear on the license _____
3. Social Security No. _____ Date of Birth _____
4. Home Address _____

5. Business Address _____

6. Home Phone # _____ Business Phone # _____
7. I have/have not (CIRCLE ONE) made a previous application to South Dakota Board of Counselor Examiners. If yes, please state on a separate sheet of paper.
8. I have/have not (CIRCLE ONE) ever been convicted of, pled guilty to, or pled no contest to, an offense that could have resulted in incarceration for more than a year. If yes, please explain on a separate sheet of paper.
9. I have/have not (CIRCLE ONE) had a license denied, revoked, suspended, or otherwise acted against for any reason in another state, territory, or in South Dakota? If yes, please explain on a separate sheet of paper.
10. I have/have not (CIRCLE ONE) been disciplined by a mental health licensing or certification board or by any mental health related professional organization? If yes, please explain on a separate sheet of paper.
11. I am/am not (CIRCLE ONE) \$1,000 or more behind in child support payments.

SECTION II. GRADUATE COUNSELING PROGRAM (SDCL 36-33-9)

12. List the institution(s) from which you have received graduate degrees in counseling. **A transcript of your graduate degree must be sent directly to the Board's office by the institution awarding the degree.** Also, complete Attachment B and submit it to the Board.

UNIVERSITY/COLLEGE _____
CITY/STATE _____
DATES ATTENDED _____

DEGREE & DATE GRANTED _____
MAJOR/SUBJECT _____
ACCREDITATION BODY _____
(By which regional accreditation association was your graduate-degree-granting institution accredited at the time of your graduation.)

SECTION III. SUPERVISED EXPERIENCE (ARSD 20:71:04)

The applicant must have post-graduate supervised experience in marriage and family therapy consisting of 200 hours of supervision concurrent with 1,700 hours direct client contact with individuals, couples and families completed within three years. **Complete Attachment A, and forward it to the supervisor(s) who supervised you.** The supervisor(s) should return the form to the Board.

SECTION IV. EXAMINATION (ARSD 20:71:03)

The Examination in Marital & Family Therapy is required for this license. If you have taken the Examination in Marital & Family Therapy, **you must request the testing center to submit a certified copy of your test score directly to the Board** before your application can be processed.

DATE TAKEN _____ If you have not taken the exam, contact the Board office for the Exam procedures.

SECTION V. AFFIDAVIT

I hereby state that I have fully read and understand the questions presented in this application and have answered them truthfully and completely. I acknowledge that my failure to make a full and accurate disclosure of any information called for herein may result in the denial of my application. I further acknowledge that any license or certification I may obtain on the basis of this application may be revoked or suspended for my failure to disclose full and accurate information herein.

I will furnish additional information or documentation as may be deemed necessary by the South Dakota Board of Counselor Examiners for there verification of the information I have disclosed in this application.

I will not hold myself out as a state Licensed Marriage and Family Therapist until the license authorizing me to do so is in my possession.

I hereby declare under penalty of perjury that the foregoing answers and statements are true and correct.

STATE OF _____)
:SS
COUNTY OF _____)

The undersigned, being duly sworn deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every aspect; that he/she will conform to the ethical standards of conduct in his/her profession; and that he/she has read and understands this affidavit.

Dated this _____ day of _____, 200_____.

Signature of Applicant

Sworn to before me this _____ day of _____, 200_____.

NOTARY PUBLIC

My Commission expires:
(SEAL)

**ATTACHMENT A - SUPERVISED EXPERIENCE
LICENSED MARRIAGE AND FAMILY THERAPIST**

APPLICANT'S NAME: _____
Last First MI

The individual listed above is applying for a license to practice counseling in the State of South Dakota. The South Dakota Board of Counselor Examiners (Licensing Board) requires submission of information by the supervisor(s) which will enable the Board to evaluate the extent and quality of the candidate's supervised experience.

To be Completed by Applicant (Please type):

1. Name of Supervisor: _____
2. Address of Supervisor: _____
3. Name and nature of setting in which supervised practice took place:

4. Dates of supervision by this applicant and named supervisor at this setting: START _____
END _____
5. Total number of client contact hours during period listed under question 4. _____
6. Total number of face-to-face supervisory hours during period listed under question 4. _____
7. Please describe the nature of the applicant's duties: _____

8. Please describe the nature of the supervision provided: _____

To be completed by Supervisor (Please type or print legibly in ink):

9. I have reviewed the applicant's statements. They are ____ are not ____ substantially correct. Please add any corrections on a separate sheet of paper.
10. The quality of the applicant's performance during the supervision was
____ Outstanding ____ Good ____ Fair ____ Poor
11. Title at time of supervision _____

Supervisor's Signature
12. Licensing State _____
13. LMFT License No. _____
14. Other credentials _____

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ATTACHMENT B for LICENSED MARRIAGE AND FAMILY THERAPIST

To be eligible for licensure through the Board of Counselor Examiners, an applicant must have:

_____ A 48 hour Master's degree in Marriage and Family Therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education, or a program with specialty training in marriage and family counseling or therapy which is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) as listed in "Directory of Accredited Programs", July, 1991;

OR

A 48 hour Master's degree in counseling or related program which includes course work in the following areas:

COURSE*

AREA OF STUDY

MARRIAGE AND FAMILY STUDIES (9 SEMESTER CREDIT MINIMUM)

_____ Introductory systems theory, family development, family systems (marital, sibling, individual
_____ subsystems), special family issues, gender and cultural issues, all with major focus from a
_____ systems theory orientation

MARRIAGE AND FAMILY THERAPY (9 SEMESTER CREDIT MINIMUM)

_____ Advanced systems theory and interventions, major systemic marriage and family treatment
_____ approaches, (structural, strategic, neoanalytic (object relations), behavioral marriage and
_____ family therapy, communications, sex therapy, etc.

HUMAN DEVELOPMENT (9 SEMESTER CREDIT MINIMUM)

_____ At least one course in psychopathology-abnormal behavior is required and at least one course
_____ in assessment is required. The third course may be selected from human development
_____ (normal and abnormal), personality theory, or human sexuality.

PROFESSIONAL STUDIES (3 SEMESTER CREDIT MINIMUM)

_____ Professional ethics as a therapist including legal and ethical responsibilities and liabilities,
family law, etc.

RESEARCH (3 SEMESTER CREDIT MINIMUM)

_____ Research course in marriage and family studies and therapy including research design,
methodology, statistics.

PRACTICUM (SUPERVISED CLINICAL PRACTICE)

_____ 1 year minimum during graduate work (cf. SDCL 36-33-9(3)(f))

*From your transcript, please write in the blanks provided, which course(s) meet these requirements.

Return with Application to: SD Board of Counselor Examiners PO Box 1822 Sioux Falls, SD 57101-1822